

Case Number:	CM14-0161806		
Date Assigned:	10/07/2014	Date of Injury:	07/05/2012
Decision Date:	12/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50 year old male with a work injury dated 7/5/12. The diagnoses is cervical degenerative disc disease and cervical stenosis; cervical disc herniation with radiculopathy. The patient is status post cervical fusion C4 through C6 level in April of 2013. Under consideration is a request for cervical epidural steroid injections under fluoroscopic guidance and intravenous sedation. There is a 7/21/14 document that indicates that the patient's neck and especially right arm felt significantly better after the surgical intervention. He was able to return back to work at modified duty, but was only able to last approximately 40 days, as he started having increasing pain in his neck and his right arm region. In June 2014 it was noted that the patient has recurring, pain in the neck and into the right upper extremity. The patient was diagnosed with cervical spondylosis and he was recommended for surgical intervention for discectomy and fusion: This was denied by the insurance carrier. He was requested to have a referral for facet and epidural injections from C4 through C6 for both diagnostic and therapeutic purposes since the surgery was denied. The patient is consenting to receiving those injections. On physical exam the patient has cervical tenderness. The patient has intact strength in the bilateral upper extremities in both shoulder abduction and forward flexion, biceps flexion, elbow extension and grip bilaterally. The patient has intact strength, sensation and reflexes. The Spurling sign is equivocal. The treatment plan included a referral to pain management for possible injections. There is a 10/31/14 partially illegible handwritten document stating that the patient has no change with neck pain and still has right hand paresthesias with extension of (?) >90. The exam revealed right cervical paraspinous tenderness. The treatment plan states that the patient will contact lawyer to appeal non certification of epidural steroid injections as he has not had these since before his surgery. He will continue his medications and home exercise program. A 6/9/14

exam states that on exam the patient has upper extremity strength is 5-/5 for bilateral biceps. There is diminished perception of light touch of the left biceps. Gait is normal.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical Epidural Steroid Injections under Fluoroscopic Guidance and Intravenous Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section, Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs); Acupuncture Medical Treatment Guidelines, Page(s): 46.

Decision rationale: Cervical epidural steroid injections under fluoroscopic guidance and intravenous sedation is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal objective imaging studies or electrodiagnostic testing to correlate with radiculopathy on examination. Additionally the guidelines state that if used for diagnostic purposes, a maximum of two injections should be performed. No more than two nerve root levels should be injected using transforaminal blocks. The request as written does not indicate a laterality, level, or quantity of injections. For the above reasons the request for Cervical Epidural Steroid Injections under Fluoroscopic Guidance and Intravenous Sedation is not medically necessary.